AUTOMATED INFORMATION SYSTEMS (AIS) INCIDENT REPORTING						
DATE:	TIME:		LOCATION & BLDG.	AREA	:	REFERENCE NO:
REPORTED BY:		CODE:			EXTENSION:	
REPORTED TO: Margaret L. Winbury.	, ISSM (Inforn	nation S	ystems Security I	Manager)		
TYPE OF INCIDENT:						
BRIEF DESCRIPTION OF INCIDENT:						
NAME OF IGO /FAG	0		Licen	Δ.σ.		
NAME OF ISSO/TASO: ISSM: Margaret L. Winbury						
FURTHER REPORTI	ING:					
ACTION TAKEN:						
THE TABLE W						
RECOMMENDATIONS:						
FOLLOW UP ACTIONS:						
						e
FINAL DISPOSITION	N	TITLE	Σ:		DATE:	
APPROVED BY NAME:						
OFFICIAL USE ONLY						
SYSTEM ID:		SYSTI	EM SITE:		X-REFERENC	E NO.
REMARKS:					l	